

111TH CONGRESS
1ST SESSION

H. RES. 419

Fostering resilience in African-American youth.

IN THE HOUSE OF REPRESENTATIVES

MAY 7, 2009

Mr. HASTINGS of Florida (for himself, Ms. JACKSON-LEE of Texas, Ms. EDDIE BERNICE JOHNSON of Texas, Mrs. CHRISTENSEN, Mrs. NAPOLITANO, and Ms. LEE of California) submitted the following resolution; which was referred to the Committee on Energy and Commerce

RESOLUTION

Fostering resilience in African-American youth.

Whereas all children around the world are born with the right to human dignity and the potential to realize their full capacities;

Whereas approximately 29 percent of the American children under age 18 are African-American;

Whereas 34 percent of African-American children under age 18 were living in poverty in 2007 compared with 10 percent of White children;

Whereas African-American children and youth are disproportionately affected by a wide range of health conditions, including poor oral health, asthma, violent injury, sickle cell anemia, pediatric diabetes, poor mental and behav-

ioral health, HIV/AIDS, and health risks associated with obesity;

Whereas compared to Whites, African-American children are 12 percent less likely to have a consistent primary care provider and 26 percent less likely to have a physician visit during the year;

Whereas increased physical activity, better nutrition, and regular oral care results in optimal physical development for African-American children and youth in the face of various health risks;

Whereas African-American children and youth are disproportionately exposed to risk factors including poverty, failing schools, and neighborhoods plagued by violence, which often serve as precursors to unhealthy outcomes;

Whereas African-American children and youth who develop a positive racial identity have a healthier self-esteem, which can serve as a buffer for acts of racism, discrimination, or prejudice, and reduces levels of depression, anxiety, anger, and participation in risk-related behaviors;

Whereas supportive parents and caregivers, school, and community environments are critical in the promotion of peace and reduction of violence among African-American youth, as well as promoting the development of emotional skills to handle the diverse feelings that come from multiple stressors;

Whereas African-American children and youth with a strong belief in their own academic competence, with high levels of parental involvement, and with engaging education professionals exhibit higher rates of academic achievement;

Whereas communities that provide structured activities and positive adult interactions, such as access to high-quality child care and afterschool programs, lead to positive behavioral outcomes and better social adjustment in African-American children and youth;

Whereas African-American children and youth benefit from holistic youth development programs that acknowledge the relationship between physical health and mental health and risk behaviors and attitudes;

Whereas programs that build upon the cultural strengths and experiences of African-American children and families, and which acknowledge the importance of the family's cultural frame of reference, have resulted in improved health and well-being;

Whereas resilience is a dynamic and multidimensional process consisting of the interaction of strength, resources, and risks factors within multiple contexts, such as family, peers, school, community, and society, across space and time; and

Whereas although a national legacy of slavery, cultural oppression, and ongoing racial discrimination places African-American youth at risk, they possess protective factors in their families, peers, schools, and communities and more importantly within themselves, including positive racial identity, self-esteem, and emotional regulation, that prove critical in terms of fostering their healthy development and encouraging resilience: Now, therefore, be it

- 1 *Resolved*, That the House of Representatives—
- 2 (1) encourages research that promotes health
- 3 and well-being among African-American youth and

1 seeks to understand the relationship between resil-
2 ience and the various types of development including
3 physical, identity, emotional, social, and cognitive;

4 (2) supports research that is integrative, inter-
5 disciplinary, and informed by the diverse cultural
6 traditions and socioeconomic and sociopolitical expe-
7 riences of African-American communities, families,
8 children, and adolescents;

9 (3) endorses the development of centers on re-
10 silience that target optimal functioning and use
11 basic research to identify processes that promotes
12 resilience;

13 (4) encourages incorporation of culturally rel-
14 evant guidelines and recommendations into requests
15 for proposals for research and programming tar-
16 geting African-American youth and families by local
17 and national funding agencies;

18 (5) encourages increased collaboration across
19 federal funding agencies involved in resilience re-
20 search such as but not limited to, National Institute
21 for Mental Health, National Institute of Child
22 Health and Human Development, Centers for Dis-
23 ease Control and Prevention, Substance Abuse and
24 Mental Health Services Administration, and Insti-
25 tute of Education Sciences; and

1 (6) promotes interdisciplinary partnerships
2 among physicians, mental health practitioners, edu-
3 cators, schools, community leaders, government
4 agencies, and families to ensure adaptation, dissemi-
5 nation, and implementation of culturally relevant,
6 evidence-based treatments that incorporate resilience
7 strategies in community settings for African-Amer-
8 ican youth, families, and communities.

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